

November – Michigan and National Hospice Month

WHAT IS HOSPICE?

Hospice provides medical, social, emotional, and spiritual support for terminally ill persons and their loved ones. The goals of hospice care are to:

- Prevent needless suffering.
- Provide good quality of life.
- Help people cope and prepare for death.

The hospice team cares for the entire family unit as well as for the person who is dying. The plan of care centers on the needs and wishes of both the person and the family.

Studies show high satisfaction with hospice care. The most common comment that hospice teams hear from family members is "I wish we had known about hospice sooner."

There are more than 100 hospice programs in Michigan. Together they serve residents in every county in the state.

WHO CAN RECEIVE HOSPICE?

Any person facing the advanced stages of a terminal illness is eligible for hospice care. Medicare and other payers have set these rules to qualify for hospice care:

- The physician predicts that the person will live six months or less if the disease runs its normal course.
- Aggressive treatments can no longer cure the disease or relieve the person's symptoms.
- The person, family, and doctor agree and understand that it is time to shift the goals of care from cure to comfort (control of pain and other symptoms).

About **half** of people who use hospice have cancer. The rest have other advanced chronic illnesses like heart failure, lung disease, and Alzheimer's disease.

WHAT DOES HOSPICE INCLUDE?

Doctors, nurses, social workers, spiritual counselors, home health aides, grief counselors, and trained volunteers work as a closely-knit team to provide care on an intermittent basis, as needed. Hospice provides the medicines, supplies, and equipment that are needed for the person's comfort. However, hospice does not provide 24-hour personal care.

Respite care is available, and hospice provides grief support for family members for at least 13 months after their loved one dies.

WHERE IS HOSPICE CARE GIVEN?

Wherever the patient resides – most often at home. But it may be in a nursing home, a hospice residence, or even a hospital. The person may move between home and a facility as needs and wishes change. Hospice provides the most effective care in the best setting.

RESOURCES

Michigan Hospice and Palliative Care Organization

www.mihospice.org

American Academy of Hospice and Palliative Medicine

www.aahpm.org

The American Hospice Foundation

www.americanhospice.org

Hospice Foundation of America

www.hospicefoundation.org

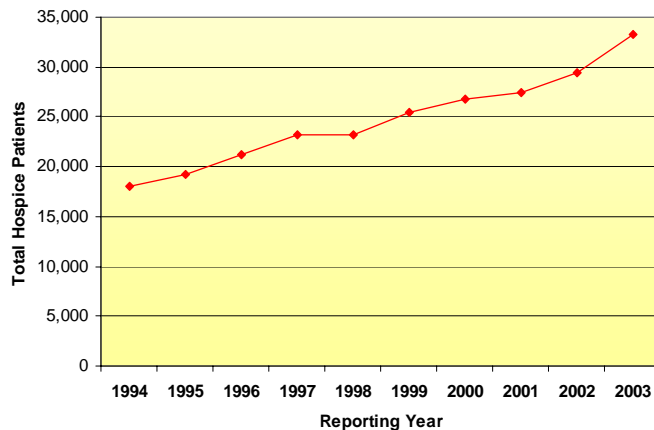
Hospice Net

www.hospicenet.org

The National Hospice Foundation

www.nationalhospicefoundation.org

Time Trend in Total Number of Hospice Patients, 1994-2003, Michigan Hospice and Palliative Care Organization



WHO PAYS FOR HOSPICE?

Hospice care is covered by most insurers, including Medicare, Medicaid, Blue Cross/Blue Shield, most private insurers, and most HMOs.

Hospice is a covered benefit under Medicare for people who have a life expectancy of six months or less. Most policies cover all costs of hospice care, though some may require a copay for prescriptions.

Most insurance companies do not cover room and board charges at a nursing home or hospice facility when on hospice care; this is the responsibility of the family.

MYTHS AND FACTS ABOUT HOSPICE

Myth:

Hospice is where you go when there is "nothing else to be done."

Reality:

Hospice is "something more" that can be done for the person and the family when the illness cannot be cured. It is a concept based on comfort-oriented care. Referral into hospice is a movement into a mode of therapy that may be more appropriate for end-of-life care.

Myth:

Families should be isolated from dying people.

Reality:

Hospice staff believe that when family members (including children) experience the dying process in a caring environment, it helps counteract the fear of their own mortality and the mortality of their loved one.

Myth:

Hospice care is more expensive.

Reality:

Studies have shown hospice care to be no more costly. Frequently it is less expensive than conventional care during the last six months of life. Less high-cost technology is used, and family, friends, and volunteers provide 90 percent of the day-to-day care at home.

Myth:

You can't keep your own doctor if you enter hospice.

Reality:

Hospice physicians work closely with your doctor of choice to determine a plan of care.